Lecture 1: Thinking Critically about Mental Health and Illness

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Why Mental Health?

- Typically, we imagine mental health – thoughts, moods, and behaviours - as a personal variable, something that exists in a person's brain/mind.
  - Traced to biology/personal experience, described as something one "has."
- Yet such an approach misses the way in which mental health is necessarily social in nature.
  - Impacted by social conditions and climate.
  - Judged in relation to norms.
  - Judgments about whether we're behaving in a mentally healthy way made by others.
  - Markers of mental health (good or bad) are concerned with how we relate to others and w/ society more broadly.
- Thus, while we partly experience the world individually, the concept of "mental health" is also a way of describing complex social relationships and structures, and the individual's place within them.

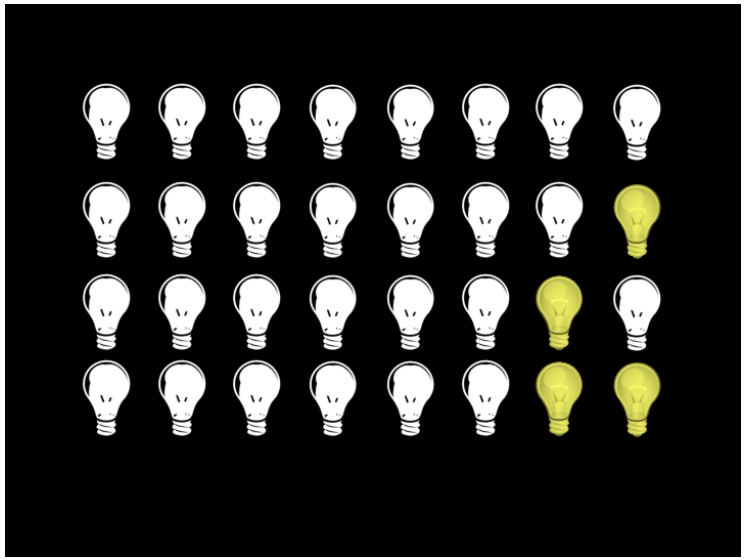
What Does Good Mental Health Mean?

- No generally accepted definition – contested.
- Although minimalist accounts of good mental health exist (i.e. anyone who does not qualify as having a mental disorder), broader definitions are more common. They typically include:
  - The ability to get on in everyday life
  - The ability to connect with other people
  - The ability to enjoy oneself
  - The ability to handle stress, discomfort, and change
  - The ability to pursue goals and interests
  - Having a sense of psychological and emotional wellbeing
  - Sense of capability
  - Flexibility

- In these criteria, we can see that good mental health is not entirely personal. Many of these qualities are linked to others and the broader environment.

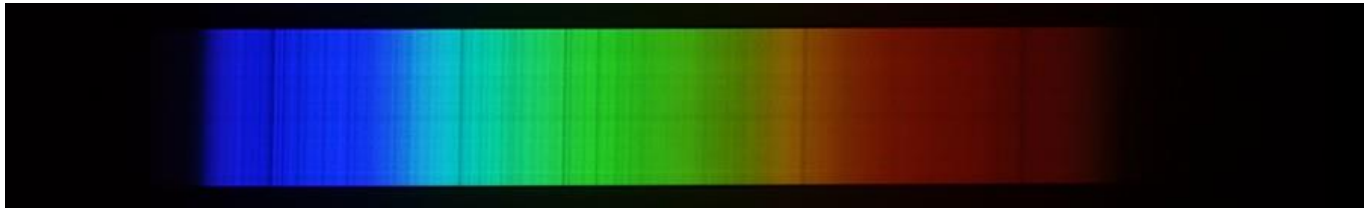
Poor Mental Health - Disorder Approach

- When it comes to poor mental health, two overarching methods:
- The disorder/categorical approach:
  - Assumes mental illnesses exist as discrete categories.
  - Some disorders almost entirely social (e.g. SAD), many other common symptoms rooted in social relationships (e.g. paranoia, valorization/vilification, arguments w/ others, etc.).
  - Dominates discussions about poor mental health.
  - Highly individualized, as it assumes disorders are intrinsic.



Poor Mental Health – Distress/Dimensional Model

- Assumes that:
  - Everyday life is naturally full of some degree of unpleasant/unhelpful mood, stress, worry, concern, etc. All humans experience these things, only to differing degrees.
  - Mental illnesses do not necessarily exist as independent entities, rather, all people score somewhere on a continuum of psychological distress.
  - Those who experience substantial amounts of these negative phenomena may be considered unwell, but “disease” is a misnomer.
- Encourages us to think about mental health beyond mental disorders, as a variable common to all humans.
  - Consequently places less stress on medical interpretation.
  - De-emphasizing the notion of a “disorder” that someone “has” also means that this approach tends not to inherently see mental health as intrinsic.



The Individual and Society

- If we reject the notion that “mental health” is merely a quality possessed by an individual, how might our ideas about mental health change?
- One possibility is that we can think about the “mental health” of systems or networks of people.
- What might be signs of good societal mental health?
  - Stability?
  - Social cohesion?
  - Productivity?
  - Peace?

Bhutan and Gross National Happiness

- Gauges the “spiritual, physical, social, and environmental health of citizens and natural environment” via national survey.
- “How would you rate the quality of your life?” “Do you feel you are playing a useful part in things?” “What are your main sources of stress?” and “How much do you trust your neighbours?”
- Guides social measures to improve happiness, e.g. car-free days, extra holidays, more emphasis on protecting natural environment, community trust-building initiatives, etc.
- Despite comparative poverty, Bhutan has become one of the happiest countries on earth.
- Might GNH reveal the ways in which mental health is social in nature?

Poor Societal Mental Health

- Conversely, we can ask: could societies be “mentally ill?”
- Indicators might include: lack of cohesion, high rates of fear, paranoia, aggression, crime, etc.
- Instances of poor societal mental health?
  - Moral panics?
  - Mass psychogenic event?
  - Deep polarization?
  - Civil wars?
- While these incidents might reflect underlying things like low societal trust, high rates of paranoia, etc, labelling these phenomena as mental illness may also be dangerous, as it can suggest spontaneous development, rather than holding anyone accountable.

This Course…

- Approaches mental health and mental illness broadly, focusing more on these concepts as broad spectrums of experience, rather than binary states.
- Asks how mental health, as a concept, has come to play such a central role in our lives. What makes this possible? What are the consequences?
- Explores a tension: are mental health troubles the result of individual problems or broader social issues? Should we try to “fix” the individual? Can we “fix” society?
- Investigates why our mental health seems to be getting worse, rather than better.

A Note on Class Times

- During this week *only*, we'll hold class on Tuesday and Thursday at the times listed on MOSAIC.
- Normally, we'll only meet Mondays and Thursdays.
  - Tuesday lecture will only be used exceptionally.
- Tutorials begin the week of September 12th.
  - Tutorials will be split so that you attend FIVE on specific dates. These will be posted on Avenue to Learn by the end of the week.

Resources

- Students should consult the resources posted on Avenue to Learn to help you navigate the course. These include:
  - The syllabus. Read this very carefully!
  - A grading manifesto.
  - Several documents on how to navigate Avenue.

Evaluation

- Class Policies Quiz – 1% (A2L)
- Writing Tips Quiz – 1% (A2L)
- Tutorials – 10% (Five specific dates assigned on Avenue), begin the week of Sept 12th.
- Midterm – 25%, held over 48 hours on A2L
- Essay: 33%, see syllabus for notes on the optional extension.
- Final Exam– 30%, scheduled via Office of the Registrar

Other Notes

- There is no required textbook for this course. Instead, I've curated a selection of largely academic articles on Avenue to Learn.
- Please email only via McMaster email address.
- Grades will be posted as soon as available – it will usually take several weeks.

Other policies

- **MSAFs**
- You cannot MSAF something worth more than 24%.
- All MSAFed work will be completed at a later date. No reweighting of tests or assignments will occur.
- Any MSAFed work must be submitted no later than three days after the MSAF was submitted. Saturday and Sunday count as days, so something MSAFed on Friday is due by Monday.
- MSAFs must be filed on the due date of the assignment. Students using MSAFs must contact the professor *immediately*. Regardless of whether you receive a reply, assignments are still due three days from the original due date.

More policies…

- **Tests, Midterms, Quizzes, and Exams**
- *All* tests, midterms, quizzes, and exams are cumulative.
- Readings, slides, and lectures are all considered testable material.
- The tests will tend to focus on big overarching ideas rather than small details.

- **SAS**
- All SAS students with the accommodation "consideration for extension on assignments…" MUST request their extension *at least 72 hours prior to the due date*. Those failing to do so will be docked late marks.
- Accommodations for extra time have already been built into the design of the midterm, as it is a take-home test. You'll have several days to complete it, but it has been designed to be completed within roughly two hours.

The Rise of Mental Health

- The modern era generally marked by ever increasing interest in people's psychological lives. Why?
  - Urbanization/industrialization and the creation of new social problems.
  - Secularization de-emphasized the soul; the mind takes its place.
  - New political trends (democracy, socialism) put greater priority on wellbeing of everyday citizens.
  - Massive catastrophic upheaval (e.g. World Wars) wreaked havoc. Could they be prevented?
- By founding of the WHO (1946), with its new definition of health, "mental health" attracting attention from govts, science, medicine.
  - Ameliorative and preventative interventions gained steam.
- While the concerns were social in nature, they have been addressed at the level of the individual. How?

The Psy-Disciplines and Psy-Complex

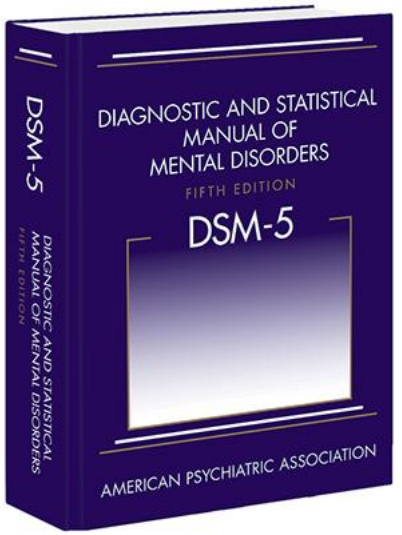
- The “psy-disciplines:” psychiatry and psychology.
  - Concerned with “the mental” and how to regulate it. These professions have grown in size and scope over last 150 years.
- The “psy-complex:” tools and knowledge of psy-disciplines.
  - Conferences, journals, professional associations, institutions, professional tools (scales, tests, Rx, therapeutic modalities). All of these generate psy-knowledge.
  - Knowledge and tools have spread far beyond their psy-professions into many other realms.

Beyond Healing

- Critical theorists: psy-complex not merely about healing, but enforcing a certain type of social order.
  - Psy disciplines as powerful social actors, setting acceptable limits of behavior and providing techniques/rationale to regulate behaviour.
- In this way, the psy-disciplines and psy-complex are involved in the "exercise of power in everyday life?"
  - Not only impacting individuals, but reflecting (and reinforcing) particular social systems and norms.

One Such Tool: The DSM

- The “official” list of mental disorders, put together by the APA.
- With each new edition, some diagnoses disappear, others are created, and others change shape.
- Number of disorders has increased substantially over 70 years of its existence, w/ the potential symptom base widening.
  - Evermore facets of human existence are coming to be understood through the prism of the categorical approach (mental disorders) – a consequence of medicalization.
  - DSM’s diagnostic categories have entered into popular culture, leading to substantial self-diagnosis and lay usage.
- In short, some scholars see diagnostic expansion as a form of social regulation.



Therapeutic Tools

- While the regulation is social, interventions happen at the individual level:
- Lay activities: diet, meditation, yoga, exercise, art, music, positive thinking, pets, etc.
- Assisted individual interventions:
  - Psychotherapies (CBT, DBT, psychodynamic, etc.)
  - Psychopharmaceuticals
  - Unlicensed counsellors, life coaches, etc.
- Questions to ponder: What about the social level? What might that look like? What sorts of actions might be necessary? Can we "treat" societies?

Conclusions

- Defining mental health and mental illness is complex – these terms are both contested and objectively immeasurable.
- While mental health is normally conceptualized as a simple individual variable, it is also profoundly social. There are good reasons to think about mental health as a reflection of society and social relations, rather than merely something the individual "has." What changes might flow from such an approach?
- W/ the expansion of the psy-disciplines, "mental health" has gained in societal importance, provoking concern and requiring attention. What might be the consequences of this development?
- No shortage of strategies/resources to improve mental health. Why then are we thought to be living in a period of acute mental health crisis? How can we understand this social trend?